

Date:

Family Preservation Court

CM:

Housing Referral Information

Client Name:

Case #:

Current Residence:

Start Date:

SS#:

Drug Test + /- :

of Children:

of children – when they were or will be returned

How housing effects kids

Childrens Information:

Name:

DOB:

SS#

Name:

DOB:

SS#

Name:

DOB:

SS#

Name

DOB:

SS#

Name:

DOB:

SS#:

Name:

DOB:

SS#:

Employment:

Start date – how much earned per month – how many hours

School:

Start date – how many classes

Reason for Housing request: current living situation – how housing affects case plan – urgent need

Any requirements clients has for moving into a place (beds, refrig, etc)

Update on client's status:

List all accomplishments, programs completed, status of DPSS case plan. How housing effects compliance with case plan -